MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11887

11889

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 S. 4th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 11 S. 4th St.

3. NAME OF DECEASED: (Type or Print) (First) EDMOND (Middle) (Last) BADGER

4. DATE OF DEATH: (Month) Dec. (Day) 27, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	colored	married	Aug. 12, 1886	68 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
seafood laborer	Seafood	Savageville, Virginia	USA

13. FATHER'S NAME: Isaac Badger

14. MOTHER'S MAIDEN NAME: Irene Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	--	217-03-0843	11 S. 4th St. Mrs. Caroline Badger-- Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 420.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio Sclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, Md.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No	No	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No	No	No	No

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While at Work ☒	HOW DID INJURY OCCUR?
No			m.		None as he Dropped Dead

22. I hereby certify that I attended the deceased from Dec. 27, 1954 that I last saw the deceased alive on Dec. 27, 1954, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm. H. Coulbourn M.D.	Crisfield Md	Dec 29-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Dec. 31, 1954	Bayside Cemetery	Parksley, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/30/54	Betty W. Tyler	Bradshaw Funeral Parlors--Crisfield, Md.

VS. A15

RECEIVED
JAN 3 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11890

11888 CERTIFICATE OF DEATH Reg. Dist. No. 26.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 37
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 McKinley's Wharf X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 37
STREET ADDRESS (If rural give location) 28 McKinley's Wharf

3. NAME OF DECEASED: (Type or Print) (First) ROXANNA (Middle) (Last) EVANS
4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 19 54
5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov. 9, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 1 Days 10 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Evans
14. MOTHER'S MAIDEN NAME: Lauretta Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ———
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: George Evans—28 McKinley's Wharf—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Bronchitis Pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.
Was Dead When I Arrived
(Signature) William H. Coulbourn M.D. (Degree or title) Crisfield Md (ADDRESS) 12-20-54 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Dec. 20, 1954
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 12/20/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors
ADDRESS Crisfield, Md.

20X4279353

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11891

11889

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hall Highway Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Hall Highway Ext.

3. NAME OF DECEASED: (First) ARTHUR (Middle) JAMES (Last) GARDNER

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 26, 1954

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 0 Days 13 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Johnny Gardner

14. MOTHER'S MAIDEN NAME: Mary Daggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY No.: ———

17. INFORMANT & ADDRESS: Johnny Gardner—Hall Highway Ext.-Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

772.0

Immediate cause (a) Malnutrition Pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Was Dead before I was

DUE TO

(c) Called -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cold. Poor Heating in Home

19a. DATE OF OPERATION: ——

19b. MAJOR FINDINGS OF OPERATION ——

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Coulbourn, M.D. ADDRESS Crisfield Md DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 10, 1954 — NAME OF CEMETERY OR CREMATORY: Mariners Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/10/54 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors—Crisfield, Md.

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RECEIVED
DEC 13 1954
BUREAU V. S.

11893

Dr. Robert H. Johnson Princess Anne Md. (Med. Exam)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Regt. Dist. 11892

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 360

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rural
LENGTH OF STAY (In this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 111 Lee Street

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Woodrow (Last) Horseman

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	June 25-1914	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Fireman	Railway	Delaware	U.S.A.

13. FATHER'S NAME: Unk

14. MOTHER'S MAIDEN NAME: Dora Fairfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	221 - 03-2413	Mrs Anne J Horseman wife

18. MEDICAL CERTIFICATION 111 Lee St. Salisbury Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1	Immediate cause	(a) Acute Coronary Heart Disease	Unk.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Heart attack in November 1954	
		DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. H. Johnson M. D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Dec 24, 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1954	Wicomico Memorial Park	Salisbury, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/27/54	R. S. Johnson, M.D.	HOLLOWAY & COMPANY	SALISBURY MARYLAND

9T

Walter R. Holloway

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 28 1954
BUREAU V. S.

11894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11893

CERTIFICATE OF DEATH

Reg. Dist. No. 2-61

Item 1, Fil-C175 1-3-55 et

1. PLACE OF DEATH: COUNTY Somerset Co. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station | STATE MARYLAND | LENGTH OF STAY: In this place One week | HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Somerset | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount, Md | STREET ADDRESS (If rural, give location) Somerset County

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Black | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ✓ | 8. DATE OF BIRTH: 1882 1875 | 9. AGE: Last birthday 79 yrs. | If under 1 year: Months ✓ Days ✓ | If under 24 hrs.: Hours ✓ Min. ✓

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Somerset County | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Collins | 14. MOTHER'S MAIDEN NAME: Harriett Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Geo. Tilghman - Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) Gastric Cancer = Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) She was in Salisbury Md Hospital stayed 8 weeks & sent home above Diagnosis. Came to Marion one week ago No Doctor nor treatment since left Hospital

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emaciation.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: Was Not Operated on | 20. AUTOPSY? Yes ☐ No ✓

William H. Coulbourn, M. D. EXAMINER DEPUTY MEDICAL FOR SOMERSET COUNTY, Md.

21. ACCIDENT SUICIDE HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8 1954 to Dec 10 1954 that I last saw the deceased alive on Dec 8 1954, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Wm H. Coulbourn (Degree or title) M.D. | ADDRESS: Crisfield Md | DATE SIGNED: Dec 10-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12-12-54 | NAME OF CEMETERY OR CREMATORY: Family Cemetery | LOCATION (City, town, or county) (State): Fairmount - Md

DATE REC'D BY LOCAL REG. 12-22-54 | REGISTRAR'S SIGNATURE: Nellie D. Payne | 24. FUNERAL DIRECTOR: George H. Tilghman | ADDRESS: Marion, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11894

11895 CERTIFICATE OF DEATH Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ewell-rural Crisfield
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tylerton

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tylerton, rural Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Leroy (Middle) Hamilton (Last) Johnston
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1954
5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 28, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (State or foreign country): Pennsylvania, U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert Johnston
14. MOTHER'S MAIDEN NAME: Gertrude Gordon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Leroy Johnston (wife) Tylerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: 30 min.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arterio-sclerosis — 4 mos
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Dec., 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 2.30 p.m., from the causes and on the date stated above.

SIGNATURE Barbara Hurst (DEGREE OR TITLE) M.D. ADDRESS Ewell, Md DATE SIGNED 12/10, 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec. 14, 1954 — NAME OF CEMETERY OR CREMATORY Kutz Church Cemetery — LOCATION (City, town, or county) (State) Carlisle, Penna.

DATE REC'D BY LOCAL REG. 12/11/54 — REGISTRAR'S SIGNATURE Betty W. Tyler — 24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

RECEIVED
DEC 13 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11895

11896 **CERTIFICATE OF DEATH** Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Smith Island
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tylerton community

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smith Island
STREET ADDRESS (If rural give location) Tylerton community

3. NAME OF DECEASED: (Type or Print) (First) MANNIE (Middle) AURELIA (Last) MARSHALL

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 28, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Smith Island, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard S. Evans

14. MOTHER'S MAIDEN NAME: Mary Ann Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Shafter Corbin—Tylerton-Smith Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis — 3 years

DUE TO

(c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July ....,1951, to Dec. 29....,1954, that I last saw the deceased alive on Dec. 28, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Barbara Hunt M.D. ADDRESS Ewell, Md. DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Dec. 31, 1954 NAME OF CEMETERY OR CREMATORY Tylerton Cemetery LOCATION (City, town, or county) (State) Smith Island, Md.

DATE REC'D BY LOCAL REGISTRAR 12/30/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11896

11897

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

LENGTH OF STAY (in this place): 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

STREET ADDRESS (If rural give location): Chesapeake Ave. & 3rd St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JULIA	FRANCES	MASSEY	Dec.	13	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	widowed	Feb. 28, 1876	78 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Crisfield, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Severn A. Evans	Arrianna Holland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	--		Weldon H. Massey, Sr.---Cove St.-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Acute Dil. of Heart - Uremia — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 5 hrs

DUE TO (c) Chronic Myocarditis & Nephritis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1953, to Dec. 13, 1954, that I last saw the deceased alive on Dec. 13, 1954, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

SIGNATURE: Geo. L. Bollman M.D. (Degree or title) — ADDRESS: Marion Sta. Md. — DATE SIGNED: 12-15-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Dec. 16, 1954	St. Paul's Cemetery	Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-15-54	Nellie D. Payne	Bradshaw Funeral Parlors	Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11897

11898 **CERTIFICATE OF DEATH** Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) --- (Last) McCREADY

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: laborer

10b. KIND OF BUSINESS OR INDUSTRY: Tomato Factory

11. BIRTHPLACE (State or foreign country): Shelltown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Adams

14. MOTHER'S MAIDEN NAME: Sarah Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: George McCready--R.F.D. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage - Hemiplegia — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) acute Dil of Heart

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Dec. 4, 19 54, to Dec. 14, 19 54, that I last saw the deceased alive on Dec. 14, 19 54, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Cadman MD ADDRESS Marion Sta. Maryland DATE SIGNED 12-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial — **DATE THEREOF** Dec. 17, 1954 — **NAME OF CEMETERY OR CREMATORY** Marumsco Church Cemetery — **LOCATION** (City, town, or county) (State) Marumsco, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-17-54 — **REGISTRAR'S SIGNATURE** Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

11898

MARYLAND — **STATE DEPARTMETT OF HEALTH**

11890

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 69
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 114 N. Fourth St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	H.	Oden	Dec	14	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Col	married	Jan 1-1891	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sea food work	none	Crisfield Somerset Co Md	U S A

13. FATHER'S NAME: John Oden

14. MOTHER'S MAIDEN NAME: Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	217-05-5009	Mrs Fannie J. Oden 114 N 4th St Crisfield Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Heart Failure	1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 12/10, 1954, to 12/14, 1954, that I last saw the deceased alive on 12/14, 1954, and that death occurred at 1 00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. N. Barr	M.D.	Crisfield, Md.	12/15/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 17-1954	Lawsonia	Crisfield Somerset Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/16/54	Betty W. Tyler	Charles H Ward Marion Sta. Md	

MARYLAND STATE DEPARTMENT OF HEALTH

11899

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11899

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venona — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dated on my Boat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alberton, Md
STREET ADDRESS (If rural, give location) Venona Md

3. NAME OF DECEASED (Type or Print): (First) PRESTON (Middle) PARKINSON (Last)

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 28 1897

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman - Oystering

10b. KIND OF BUSINESS OR INDUSTRY: Oystering

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Parkinson

14. MOTHER'S MAIDEN NAME: Emily Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-38-5433

17. INFORMANT AND ADDRESS: Etta Parkinson - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Was dead when I saw him
(c) death occurd about 7.45 P.M.

INTERVAL BETWEEN ONSET AND DEATH: (a) 0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: History of Acquired pain for two or three hours.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) R.H. Johnson M.D. - Deputy Medical Examiner ADDRESS Princess Anne Md DATE SIGNED December 22-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Dec-22-54 | NAME OF CEMETERY OR CREMATORY St. Johns MC | LOCATION (City, town, or county) (State) Deal Island Md

DATE REC'D BY LOCAL REG. 12/22/54 | REGISTRAR'S SIGNATURE Lola T. Headley

24. FUNERAL DIRECTOR Lowther - Decatur ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11900

CERTIFICATE OF DEATH

Reg. Dist. No. 760 11900

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) W. (Last) Powell

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH April 2 1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Feed Business
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elijah Powell
14. MOTHER'S MAIDEN NAME: Priscilla Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Ralph Powell, Princess Anne

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 445X (A) Pul [illegible] g — DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO
(C) Hyper[illegible] — 1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug , 19[illegible], to [illegible] , 19[illegible], that I last saw the deceased alive on [illegible] , 19[illegible], and that death occurred at [illegible] M, from the causes and on the date stated above.
SIGNATURE ADDRESS DATE SIGNED
M. D

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF Dec 11 1954 | NAME OF CEMETERY OR CREMATORY Manokin Presbyterian | LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/11/54 | REGISTRAR'S SIGNATURE R. S. Johnson, M.D. | 24. FUNERAL DIRECTOR James Dennis | ADDRESS Princess Anne Md

RECEIVED
DEC
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11901

11901 **CERTIFICATE OF DEATH** Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Champ
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Reckinger (Last) Quandt

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: March 2, 1886
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Luxemburg
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Reckinger
14. MOTHER'S MAIDEN NAME. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: William Quandt

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Dil. of Heart Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Nephritis — 1 year

DUE TO (C) Chronic Myocarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mild Lobular Pneumonia. Jaundice 10 days

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1954, to Dec 25, 1954, that I last saw the deceased alive on Dec. 25, 1954, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE Jesse B. Coulbourn, M.D. ADDRESS Manor Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 28, 1954
NAME OF CEMETERY OR CREMATORY St. Andrew's
LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR 12/27/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS Levin R. Wilson, Princess Anne, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11902

11902

CERTIFICATE OF DEATH

Reg. Dist. No. 760

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Somerset — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne — MARYLAND — LENGTH OF STAY (In this place) life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne. — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) C. (Last) Ross

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: May 1867 — 9. AGE last birthday 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lafayette Ross

14. MOTHER'S MAIDEN NAME: Matilda Dryden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS: Marion Ross. Princess Anne

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic Pyelonephritis (& hydronephrosis ?) — 5 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fract. femur — 8 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? actually seen in or patient

22. I hereby certify that I attended the deceased from Dec., 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 8:05 P.M., from the causes and on the date stated above.

SIGNATURE, M.D. ADDRESS Princess Anne Md DATE SIGNED 12-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec 13 1954 — NAME OF CEMETERY OR CREMATORY Manokin Presbyterian — LOCATION (City, town, or county) Princess Anne — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/14/54 — REGISTRAR'S SIGNATURE R. S. Johnson, M.D. — 24. FUNERAL DIRECTOR James Kenmon — ADDRESS Princess Anne Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11903

11903 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Byrdtown Section

3. NAME OF DECEASED: (Type or Print) (First) WILLIS (Middle) GRAYDON (Last) STERLING

4. DATE OF DEATH: (Month) Dec. 5, (Day) (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 13, 1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: maintenance repair

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Packing

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Littleton W. Sterling

14. MOTHER'S MAIDEN NAME: Melissa Jane Dize

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 158-09-6434

17. INFORMANT & ADDRESS: Mrs. Ruth M. Sterling— Byrdtown Section Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arterio Sclerosis-Coronary

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Disease - Alcoholism

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28 dead to before I was called, that I last saw the deceased alive on , 19 , and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm H Coulbourn M.D. Crisfield-Md Dec 7, 54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF Dec.7,1954 | NAME OF CEMETERY OR CREMATORY Asbury Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 12-7-54 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11904

11904 CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion X
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Quindocqua section

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural give location): Quindocqua section

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) FRANKLIN (Last) TAYLOR

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 7, 1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): district inspector

10b. KIND OF BUSINESS OR INDUSTRY: Tidewater Fisheries

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Travis Taylor

14. MOTHER'S MAIDEN NAME: Emma Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 160-14-9248

17. INFORMANT & ADDRESS: Mrs. Mary Taylor—Marion, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Dil. of Heart -	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis & Chronic Int. Nephritis	3 years
	DUE TO (c) Carcinoma of liver	3 "

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 51, to Dec. 20, 19 54, that I last saw the deceased alive on Dec. 20, 19 54, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo. C. Coulbourn M.D. ADDRESS: Marion Md. DATE SIGNED: 12-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Dec. 22, 1954 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery | LOCATION (City, town, or county) (State): Marion, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-22-54 | REGISTRAR'S SIGNATURE: Nellie D. Payne | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11905

11891

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Birdtown Section

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
STREET ADDRESS (If rural give location): Birdtown Section

3. NAME OF DECEASED: (Type or Print) (First) ALTON (Middle) LAWSON (Last) TYLER

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Sept. 17, 1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher Tyler

14. MOTHER'S MAIDEN NAME: Lillie Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: James W. Tyler--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arterio Sclerosis Coronary

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Dec 12 1954 to Dec 14 1954, that I last saw the deceased alive on Dec 14 1954, and that death occurred at 5 P.M. from the cause and on the date stated above.

SIGNATURE: W. H. Coulbourn M.D. (Degree or title) — ADDRESS: Crisfield Md — DATE SIGNED: 12-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — **DATE THEREOF:** Dec. 17, 1954 — **NAME OF CEMETERY OR CREMATORY:** Asbury Cemetery — **LOCATION** (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-17-54 — **REGISTRAR'S SIGNATURE:** Betty W. Tyler

24. FUNERAL DIRECTOR — **ADDRESS:** Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11907

11892 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Ashury Ave.

3. NAME OF DECEASED: (Type or Print) (First) Theodoshia (Middle) (Last) Ward

4. DATE OF DEATH: (Month) December (Day) 9, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: August 5, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 4 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: N. Wesley Tawes

14. MOTHER'S MAIDEN NAME: Eugenia Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wellington Tawes, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis hemorrhage DUE TO — Interval Between Onset And Death: immediately

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Atherosclerosis DUE TO — 3 yrs

(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1952 , to Dec. 9 , 1954 , that I last saw the deceased alive on Dec. 9 , 1954 , and that death occurred at 9 P.M. , from the causes and on the date stated above.

SIGNATURE Sarah M Peyton (Degree or title) M.D ADDRESS Crisfield, Md DATE SIGNED Dec 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 12, 1954 NAME OF CEMETERY OR CREMATORY Asbury Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 12/11/54 REGISTRAR'S SIGNATURE Betty W. Tyler 24. FUNERAL DIRECTOR Durward Q. Covington ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1[illegible] 1894
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11905 # CERTIFICATE OF DEATH

Reg. Dist. No. 11908 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield (Rural) X
LENGTH OF STAY (in this place) 76 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sackertown Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield X
STREET ADDRESS (If rural give location) Sackertown Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Wilson

4. DATE OF DEATH: (Month) Dec. (Day) 2, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 23, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Painter
10b. KIND OF BUSINESS OR INDUSTRY: House Painter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Wilson
14. MOTHER'S MAIDEN NAME: Mary Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 217-05-5049
17. INFORMANT & ADDRESS: Bert. E. Wilson, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebro-Vascular Accident — Interval Between Onset And Death: 1 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hemiplegia Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alc., old Cerebro-vascular Accident — 18 mo.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6 1954, to Dec 2, 1954, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 6:45 P.M., from the causes and on the date stated above.
SIGNATURE A. N. Barr (Degree or title) M.D. ADDRESS Crisfield DATE SIGNED 12/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 5, 1954
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/5/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1954
BUREAU V. S.

D. A. Bass

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11906 11995

CERTIFICATE OF DEATH

Reg. Dist. No. 265

Item 9, Film G175 12-27-54 et

1. PLACE OF DEATH:
COUNTY Somerset MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield MD. LENGTH OF STAY (in this place) All His Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Macready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) (Last) YOUNG

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 11 1910

9. AGE last birthday: 44 Yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laboring

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Station Md.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Garfield Young

14. MOTHER'S MAIDEN NAME: Helena Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-05-0764

17. INFORMANT & ADDRESS: George W. Tilghman - Marion - Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1 ,19 54, to 12-12 , 19 54, that I last saw the deceased alive on 12-12 , 19 54, and that death occurred at 7 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert F. Lewis M.D	Crisfield, Md	12/13/54

23. BURIAL, CREMATION, REMOVAL: (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-15-54	Family Cemetery	Branch-Marion Som Co. Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-54	Nellie D. Payne	George W. Tilghman	Marion, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1954
BUREAU V. S.